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ORIGINAL ARTICLES.

Enteric Fever.

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Read before the Northwest Kansas Medical Society, August 7, 1894.

The subject which I bring before you today has engrossed the earnest attention of the profession and given rise to much discussion. The regard due the medical profession and humanity imposes upon the physician the duty of making known the results of his thoughts and investigations in any field of medicine, and if he is convinced of the superiority of one therapeutical method over another, opposition to his views and the fear of criticism should not stand in the way of his giving utterance to the results he may have attained, else further progress in medicine would be impossible and individual efforts in the interest of medical science and improved humanity would be paralyzed. Therefore, upon this hypothesis I call your attention to the subject in hand, viz.: Enteric Fever.

This fever, more commonly called typhoid, belongs to the whole human family and is to be found in all inhabited regions. The nomenclature of this disease seems to be unsettled and perplexing. Science, in spite of its extended investigations and profound discussions, has not yet been able to determine and settle this question. By some writers it is denominated continued fever, nervous fever, follicular enteritis, endo-mesenteric, typho-malarial and various other names; yet I believe the name enteric, or typhoid, has taken root too deeply to be eradicated. I hold these terms to be synonymous, or express the precise equivalent, or have very nearly the same signification. Enteric signifies intestinal, and typhoid has the same signification.

Many of the European physicians as well as the physicians of the new continent consider typhus and typhoid to be identical, and in fact the European physicians admit but one fever, that of typhoid. Formerly it was maintained that there was an essential difference between typhoid and typhus; that typhoid was an abdominal affection and depended upon, or connected with an inflamed or ulcerated condition of the mucus follicles of the intestines, and that typhus fever was simply a nervous fever. Inasmuch as the varieties of these continued fevers resemble each other in all the cardinal points, I see no impropriety in the simple appellation—enteric fever.

Etiology.—Nothing precisely is known of the cause of enteric fever. The circumstances of its production are very diversified. It would appear that pathogenic elements reside in living agents, which originates either in man or external to him, and is developed and proliferated within his intestines, poisoning the organism until, as a result, there develops this form of disease. There is no question about it often being generated by crowded apartments, insufficient and unwholesome food, by confined and vitiated air, by impure water, by damp and foul cellars and cisterns, the cesspools of city and sometimes the country, and by the exposure of dead and decaying animals. These are among the many causes that produce this fever. Again an attempt has been made to prove the cause of typhoid to be the waste matter, the dead cells of the body, together with albuminous substances in a state of ferment and decomposition, and nature, in her effort to eliminate the accumulation of

decaying organic matter, increases the circulation, and the increased circulation produces that which science calls fever.

In enteric fever we find a given deposit or a peculiar substance of new formation in the areolar membrane between the mucous and muscular coats of the patches of Peyer, which is a specific poison. I am inclined to the opinion that this specific poisonous deposit is the result of those elements which enter the system through the different channels of life, aided by certain atmospheric and perhaps electrical conditions that tend to weaken the elastic fibers of the human economy, and here allow me to say it must be admitted that the weakening of the organism tends to lower its natural resistance to infectious disease, for all causes which diminish the natural forces of life, or in any way interfere with the full, strong and natural physiological action of the economy must of necessity favor perverted lesions and modify the natural powers existing in individuals to resist infection. Enteric fever is a disease of lowest vitality following a period of general constitutional depression by which the body is forced to yield to the infection, and when once infected the poison begins to multiply, floods the circulation, permeates every fiber of the tissues, and being a poison, excites the system to the well known phenomena of fever.

I am inclined to state my opinion that there are at least two causes necessary to the development of enteric fever; one is an atmospheric condition—atmosphere laden with the specific virus and spreading over large sections of the country at the same time. The other is strictly local, always in the region of development, and cannot be developed without inoculation of this specific germ. The idea that enteric fever has been blended with fevers of a malarial origin is untrue.

I am a thorough convert to the animalcular origin of enteric fever. I do not believe in this hybrid form of fever called typho-malarial. Malarial fever arises from a malarial influence upon the system and is caused by miasma or marsh poison, and therefore is dissimilar to typhoid in every characteristic, and the two cannot be blended together. The term typho-malarial is unfortunate, as it does not exhibit what its compound name indicates. Typhoid is of animal origin, and the bacillus malaria is from a miasmatic origin. Each poison is specific in its nature and effects. There is not nor can there be anything in common between the causes. I know that some physicians say malarial fever may run into typhoid. This is just as probable as for typhoid fever to lose its specific nature and run into malarial fever, scarlet fever or diphtheria. Typho-malaria is certainly a convenient term when the physician is in doubt as to his diagnosis. I think this so-called typho-malarial fever is nothing more or less than malarial remitting fever, with perhaps some typhoid symptoms. Take a severe case of remitting fever where it has been badly treated, it will have a tendency to degenerate into a low form of continued fever. We must not lose sight of the fact that typhoid fever is an essentially human disease in the sense that it derives from the internal and external conditions of man the principal elements of its existence; therefore we must consider it an infectious and contagious disease, the magnitude of which will be commensurate with the amount of poison taken into the system. Thus we can understand, if germs are the cause of this disease, they may make their escape from the body through some of the channels of elimination, the air becomes contaminated and persons exposed are liable to be attacked by the same disease. Various experiments and observations have been made with a view to ascertain whether typhoid germs are capable of being transferred through the air. It has been demonstrated and has been the prevailing idea ever since it became known that a specific micro-organism was essential to the production of this disease, that this agent could be disseminated through the air and become infectious and contagious from garbage and clothing.

Here I want to instigate a query as to those liable to take the disease on account of age. Can it be seriously conceived that a person can have typhoid fever after he may

have passed the period of susceptibility to its influence, or when he has lived so long as to have none of Peyer's patches left in him? I consider it physically impossible to occur in the aged. If cases of this character crop out, the time has arrived for framing another new and sounder pathology of enteric fever than the one generally received to-day. In accepting the current pathology of the subject as infallible, the question naturally arises, why single out a limited period of liability for the infection and the succeeding years of life as the period of immunity? The reason is certainly simple enough; there comes a time in life when Peyer's patches, the special seat of lesion, begin to degenerate, and enteric fever cannot touch the advanced in years from the fact that Peyer's glands are absent in the old. Dr. Victor C. Vaughan says there are three theories concerning the causation of typhoid fever:

First—The German theory, that typhoid fever is caused by a certain germ; that it is a specific disease, the same as smallpox. One of the definite characteristics of the germ is that it will grow upon a potato, forming an invisible growth.

Second—Another theory we may designate as the French theory, which is, that the cause is a modified form of the bacillus colli communnis, which sometimes acquires extraordinary virulence. If the French theory is correct the pollution of water with any fecal matter may cause typhoid fever.

Third—There is another theory, and that is that typhoid fever may be caused by any one of a number of germs, which are closely related to one another, but which are not connected either morphologically or physiologically, and consequently we cannot expect the symptoms to be the same in all cases.

I feel confident that among the many causes of this disease is through the water supply. Impure water, laden with specific germs, taken from receptacles foul, standing in various atmospheric temperatures, swarming with millions of germs taken into the system in many instances cause this disease. To sum up the causes of typhoid fever, I conclude that the virus invades the organism through diverse channels, and is an infection of intestinal origin.

Dr. John R. Cormack, of Edinburg, says: First—Enteric fever is a contagious disease, the contagium of which exists in the intestinal excreta.

Second—That the contagium is generally diffused by water or milk.

Third—That perhaps the winds may spread the contagium when the sun-dried intestinal excreta are diffused as dust in the atmosphere.

Fourth—That for the safety of the community, cases of enteric fever ought to be isolated at home, or where the excreta can be systematically destroyed or disinfected.

Fifth—That the gathering together of enteric fever patients is dangerous and should be prohibited.

Symptoms and Course.—In the long range of febrile diseases there is none that has such a gradual approach as this fever. It sometimes begins abruptly with a chill, followed by the usual symptoms of fever; but as it occurs in this country it more frequently comes on insidiously and increases gradually, so that it is often impossible to fix the precise point of commencement. The patient complains of languor, lassitude, debility, headache, bleeding from the nose, bronchial cough, and soreness or numbness; the skin is somewhat heated, the face flushed and the pulse accelerated; the tongue is usually coated with a thin, whitish fur. He lies dozing or muttering, but is usually wakeful and delirious at night. Dullness of hearing is common about the second week; frequently there is diarrhea, a complete loss of appetite, great thirst, and tenderness on pressure in the iliac region. When once established, the wiry pulse, the retention or suppression of the urine, hemorrhage from the bowels, brown, dry tongue, sordes on the teeth, ulceration of the intestines are all characteristic of the disease. The rise from normal temperature is gradual until it reaches 104° or 105° F., and if it remains at this height any length of time will insure a severe case. Whilst the parts affected in

typhoid fever are the glands of Peyer in the small intestines, other parts of the human economy may become complicated. We often find the lungs, the mesenteric glands and spleen involved. While the glands of the bowels go through the various stages of inflammation, congestion, induration and ulceration, the cure is the elimination of the poison and the healing of the ulcers by granulation. Convalescence from this fever is somewhat tedious. It implies a degree of impairment to the organism, which time alone can repair.

At length the appetite returns and even becomes insatiable. Very frequently the premature or excessive indulgence of the appetite causes disagreeable intestinal trouble with a return of the fever, and I have known it to be the cause of a fatal relapse, producing perforation of the intestines and the escape of their liquid contents, producing inflammation of the peritoneum. The duration of this disease is uncertain, and the period of convalescence is equally variable. When tympanites subsides the fever abates, and the patient begins to approximate a normal permanence, is the time you can be assured of your patient's safety.

Treatment.—The measures adopted and the remedies used in the cure of enteric fever are legion. Almost every physician with extended experience in treating this fever has his vaunted remedies, to the exclusion of others. I am inclined to the opinion that enteric fever is self limited, or will continue until the specific poison which causes it is neutralized. Having its seat in the glands of Peyer, to which the contagion seems to have primary affinity and where it multiplies, is absorbed into the system and becomes a systematic trouble. No cutting it short or abrogating as we do malarial fevers, seems possible. We must conduct the patient through the malady as safely as possible. We are advised that little medication will suffice, and with proper diet, good nursing and sanitary regulations, the patient will pass through safely.

Prof. Alonzo Clark, M. D., says: "An average case of typhoid fever needs no medication whatever, except for the relief of symptoms. He controls the diarrhea with bismuth and morphia, the cough with tonic expectorants and the temperature by baths." Drs. Stedman and Draper, of Boston, use the nitro-muriatic treatment, together with cold water baths and liquid diet, principally milk. Prof. William Pepper, M. D., Philadelphia, recommends for the abdominal symptoms the use of nitrate of silver. He reduces the fever by frequent sponging the body with cold water. Leibermeister says that among all the remedies for this disease there are but two whose specific influence he would not positively deny, and these are iodine and calomel. Zeimssen's method is the use of antipyretics and baths with large doses of quinine.

Dr. J. C. Wilson says: "Success in the treatment largely depends on the general management and good nursing, with proper diet." Prof. Flint suggests that the mineral acids should always enter into the treatment, and recommends the cold water baths, with opium and alcoholic stimulants.

Dr. Davis recommends chlorate of potassa, bichloride of mercury and sponging with water at a temperature most agreeable to the patient.

Prof. Loomis uses antipyretics, cold water baths and quinine. Drs. A. Maffit and R. P. White, of Dublin, adhere to the turpentine treatment and report flattering success with this method. The antiseptic method of treatment is more recently practiced by many physicians. Drs. G. Wilkes, J. W. Botkin, Stephen Skinner and others report very excellent results from sulphurous acid and sulpho-carbolate of soda. Many physicians laud quinine as the only curative agent. Dr. Stephen Potter says "calomel kills more patients than it cures," and recommends baths, good nursing and antipyretics, with small doses of quinine. I do not know that my treatment is much better than some other physicians, yet I am inclined to give it in brief. If I were to express a preference in treating different fevers I would ask to be given me typhoid fever cases. My idea is but little medication, proper liquid diet, good nursing and proper sanitary regulation. I usually order a com-

plete change of linen and bed clothes, and this change to be repeated every day or every other day certain. If the disease occurs in summer, the doors and windows are to be left open, and if in winter, such ventilation is to be secured as the weather will admit. Recovery from this fever is often delayed by meddlesome and incompetent nursing. Many persons imagine they know more than the attending physician, and unless you have an eagle's eye your instructions will not be carried out. I have no one method of treatment. To control the circulation and reduce the temperature is of prime importance. For this purpose I use the arterial sedatives, antipyretics and the baths. These remedies I use until I find an amelioration of the fever, and gradually lessen the frequency of their use to suit the condition of the patient. I use some of the intestinal antiseptics throughout the treatment. Turpentine over the bowels is the best to heal the ulcers. The diet should be liquid, given in small quantities and often. In few cases I give small doses of quinine, more for its tonic influence than any other. Bismuth and opium are my sheet anchors for diarrhea. Move the bowels if necessary with injections of water and glycerine. Keep the mouth free from sordes and keep out the meddlesome inquirers and let the sick have plenty of good rest. Control your patient during convalescence or until he is well. I am as strongly of the opinion that the antiseptic treatment of enteric fever is the ideal treatment as I am that opium is our sheet anchor in peritonitis, or that quinine is the *sine qua non* for malaria. I want to say that in my judgment sulpho-carbolate of zinc is one of our best antiseptics. I frequently give the patient all the cold water he desires, or, preferably, iced milk or buttermilk; sometimes ice cream in moderate quantities. I think more of the cold bath to reduce the temperature than any other measure. Never allow the patient to get out of the bed for any cause. After the ffrst few days do not give drastic cathartics—move the bowels by injections. Allow a little ripe fruit in small quantities. In addition to the above antiseptic treatment, I always watch the symptoms as they are usually developed by the amount of poison in the body, and treat them as they may arise. I cannot tell you all I do in every case, for seldom do we find two cases the same in every particular. Keep out meddlesome persons, give plenty fresh air and plenty to eat, plenty of water and milk, good nursing, and your patient will get well.

Resolutions of Respect.

TOPEKA, KAS., Aug. 24, 1894.

WHEREAS, At the regular meeting of the State Board of Health in the city of Topeka, on this 28th day of August, we have learned with sorrow of the death of Dr. M. O'Brien, former Secretary of this Board, and feeling the deepest sadness on receipt of the news that has just been communicated to us; be it therefore

Resolved, That we extend our heartfelt sympathy to his family, and profoundly regret on behalf of the medical fraternity of the State that in his death our profession has lost an able, conscientious, and learned member.

Resolved, That a copy of the above resolution be presented to his family and published in the daily papers, and in THE KANSAS MEDICAL JOURNAL.

DR. J. P. STEWART,
President.
DR. H. A. DYKES,
Secretary.
DR. P. DAUGHERTY.
DR. J. W. JENNEY.
DR. A. J. ANDERSON.
DR. ELI SWARTS.
DR. H. W. ROBY.
DR. THOMAS KIRK.

THE *Southern Medical Review* has been sold to the *Texas Sanitarian*.

SAN ANTONIO, Texas, is to have a sewer system.

Kansas Medical Journal.

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Topeka, Kansas, Saturday, Sept. 8, 1894.

The Winfield Case.

A political supplement of the Topeka *Lance*, of September 1, 1894, contains eight columns or more denouncing certain operations of Dr. Pilcher at the Asylum for Idiotic and Imbecile Youth, established by the State at the city of Winfield. It appears from the face of the article that there were castrations of several boys who had been long confirmed in a vicious habit, which had not yielded to prior treatment, and which operations had been openly discussed and intelligently considered by Dr. Pilcher and other medical men, and which had been sanctioned and advised by a council of capable and efficient physicians. The whole trend of the article alluded to was not in the interest of the science of health or right living, but had for its one supreme object the political purpose to envenom the voter against the administration under whose reign these operations were accomplished. It is hardly considered the province of a medical journal to seek opportunities to reply to campaign documents, but when they involve the honor and standing of the medical profession, it is necessary as a matter of defense, and the ordinary tribute demanded of a professional man to his profession. It appears by the statement of Dr. Wiles, a former superintendent, that several of the persons operated on had in his time been inmates, had long been addicted to the vice, and notwithstanding a course of treatment by him, which he designates as moral suasion, and consisting of good fatherly advice mingled with the persuasiveness of a straight jacket, these persons still continued to be under complete dominion of that vice, and riveted more firmly to it by the emasculated body and enervated mind that are necessarily incident to long continued processes of that kind. The article clearly discloses that moral suasion as practiced by Dr. Wiles in such cases was absolutely ineffective, and cost the State the expense of constant attendance to simply prevent and not to cure. The testimony undisputed throughout this article is as it had to be, if they proposed to speak *ex cathedra*, that a surgical operation is a sure and lasting cure; that from the time of the operation the body, shorn of a diseased and brutal function, recovers and gets strong; that the mind, if the lapse has not been too extreme, also recovers and resuscitates all there is of the man to be saved. Dr. Pilcher met this state of affairs when he took charge. He had the futile methods and experiences of Dr. Wiles before him. He could have continued the same treatment and so could his successors, in the end having for the State, relatives and society, idiocy and total bestiality, but without mayhem. Dr. Wiles was in charge four years and eight months, and it is no unjust criticism to say with such poor results from his course of moral suasion, he ought to have changed the treatment, more straight jacket and probably less advice, or *vice versa*. One thing

is certain: prevention was all he sought at a constant expense to the State, and with increasing disability and a stronger passion as the habit continued.

Dr. Pilcher, like a brave and capable man, sought something better. There could be much saved from such wrecks. He could give back a restored mind and robust health, a bestial function destroyed, and he did it. He called around him a council of competent medical men; they determined on the operations, for here was cure, and the operations were performed, and for which he should have the profound respect and acknowledgment of the State, humanity, and kindred.

This political article has sought among physicians for anathema, and found Dr. Wilber, of Kalamazoo, Mich., who declares that such operations are unlawful, unjustifiable, and physicians who counsel or practice it should be lodged in the penitentiary, and who declares it unlawful in most States. These operations are old as the profession, are the remedy, and only remedy, for extreme and reprobate cases, recognized as legitimate in the profession, and constantly practiced by men eminent in standing and learning. If any State or nation has declared it unlawful and punishable for the physician to make such an operation as a remedy for this devastating vice, and forbids him under the displeasure of its laws from so doing, we have not been informed of it. There may be, but Dr. Wilber must not confound the punishment meted out to offenders who, for some malevolent purpose, commit this sort of mutilation on the possessor of a sound mind in a sound body.

These operations are occurring constantly under the trained eye of skilled physicians, and all honor to the devoted man who seeks cure and restoration, and gives back to the State a restored citizen, to society an ornament instead of a burden, and who restores him to friends and family clothed in his right mind, robbed only of a beastly and execrated curse.

It is one thing to fling ordinary political mud, and it is another thing to denounce proper conduct and enlightened methods to accomplish the change of a few votes.

The Asylum Trouble.

A great deal is being said against the management at the State Insane Asylum. We have no desire to defend incompetency in any public officer, nor shall we offer any excuses for neglect of duty. The political aspect of the present war upon the asylum management needs no comment. There is no question but that the State administration and the Board of Charities are to blame for such breaches of public policy as have occurred at the asylum, and when the true state of affairs is known there is no possibility of shifting the entire blame upon the present superintendent. It has previously been the custom to refer the selection of attendants and other employes to the superintendent and they were selected rather on account of fitness for the work than political opinions. With the new Board of Charities, however, this custom was considered entirely inadequate to meet the Populistic scramble for office, and appointments were made in every department. These appointments being due to the political influence of State officials and Representatives, were naturally out of the jurisdiction of the superintendent. Subordinates thus appointed naturally recognize no authority except that holding the appointing power. Under the present policy the superintendent exists in name only. Each department has a management of its own nominally under the supervision of the superintendent, but in reality responsible only to the board who created them. Many of these appointments were made before the present superintendent took charge of affairs, and Dr. Eastman, whose executive ability is above question, recognized the difficulty in maintaining that discipline with which the institution had previously been managed.

THE Mississippi Valley Medical Association will meet at Hot Springs, Ark., November 20th to 23d.

Encouraging.

There is a marked advance in the requirements of medical colleges during the past quarter of a century, or even ten years last past. Twenty years ago students were admitted to medical colleges without inquiry into their literary qualifications. A case came under our own observation where the student could not read the medical text-books intelligently and his wife had to read to him. This is changed, and the catalogues of every college specify some requirements, and the great mass of them are creditable to a learned profession. Medical students realize that there is no credit or prestige to them in holding a diploma from a college whose requirements are not up to the standard.

The following from the catalogue of the Detroit College of Medicine expresses the views of the present generation of physicians and medical students:

"Under the influence of some collateral sciences, medicine and surgery have made immense progress and have tended to develop more and more into an exact science.

"The comparatively recent investigations of Pasteur, Lister, Koch and others in bacteriology have wrought changes in our conceptions of the causes and nature of disease which have revolutionized our system of practice, and enabled us to establish methods of treatment founded, in part at least, upon a rational basis. There is every reason to believe that the impulse thus given to the development of the medical art and science will continue to operate through many years to come, and that the changes in our doctrines which have taken place during the last two decades will seem insignificant compared with those which will yet occur under the influence of a constantly expanding knowledge. It is becoming more and more evident that no man can hope to succeed in the struggle for life in the medical profession who begins its study without sufficient preparation or enters upon its practice poorly equipped in the necessary knowledge. This conviction should make every man about to study medicine anxious to thoroughly fit himself in education before entering a medical school, and willing to devote the years in technical study, which alone can establish the foundations of success.

"The reputable schools of the country are eagerly responding to the demands which are made upon them by these new conditions.

"The requirements for admission have been raised, the courses of study have been lengthened, and the modes of tuition changed."

Private Hospitals.

Dr. John B. Roberts is evidently not an ardent advocate of the private hospital craze. He says:

"I am impelled to believe, though I dislike to do so, that the establishment and personal control of private hospitals by surgeons is a distinct evil. Such institutions seem, to me at least, to tend to warp the judgment; and make the surgeon's prospective income somewhat obscure the correct view of the patient's good. Practically it is rather difficult for a doctor to keep a hotel for patients without having his professional ethics a little blunted by a hotel proprietor's proper desire for many and long-staying patients. I regret that our human nature is liable to be thus tainted, because surgery can be better done, and sometimes more cheaply done, in a hospital than in a patient's home. I am convinced, however, that the truest ethical spirit is not developed by these private hospitals maintained for the pecuniary and professional advantage of one man. While some may do no harm, many tend to develop selfishness, theatrical operations, and a mercenary spirit foreign to the highest type of surgeon. I confess a similar distrust of private and corporate sanitaria. I know they frequently do much good for invalids, but the bestowal upon physicians by some of these institutions of shares of

stock, proportionate to the number of patients sent for treatment, does not increase my confidence in the system."

Free Scholarships in the Kansas Medical College.

Two free scholarships have been endowed in the Kansas Medical College. One known as the J. C. McClintock scholarship, and the other as the S. E. Sheldon scholarship. The privileges of these scholarships are open to students under the following conditions, which are prescribed in both:

"This scholarship will be open to any first course white student who furnishes a certificate from his or her preceptor stating that the student is unable to pay the college fees, and provided that the student is otherwise eligible for admission to the college.

"In case there are two or more applicants for the scholarship, it shall be allotted to the student passing the best examinations on the first Monday following the opening of the Kansas Medical College in 1894 before a special committee consisting of the secretary of the college and two members of the Faculty to be appointed by the Dean, said examinations to be in Latin, physics, and English composition."

Principles of Therapeutic Progress and Success.

Gordon Sharp, in Lancet; Vol. 1; 1894; p. 1556.

For a number of years the empirical, experimental, and observational methods held sway, but a revolution came to pharmacology by the application of physiology and physiological methods to the investigation of drugs on the animal organism. At the present time they cultivate the deductive too much and "verify" on too little evidence. As an example: the use of the various synthetical remedies. Drugs have various effects upon the human economy in its varying moods. And, because of its highly developed nervous system compared with the lower animals, reasoning from one to the other must be done with care and be more or less restricted. Radical and climatic influences must also be taken into account. Moreover, the personality of the physician must be considered, since some men can work wonders with drugs which utterly fail in the hands of others. The therapeutist must not only be an experimenter, but an unbiased judge and he must carry his observations to the patient's bedside. The older errs by ignoring the laboratory, while the young man places too much faith on his deductions and experiments. Many therapeutical triumphs have been the results of bedside observations and careful attention to details by the general practitioner.

To illustrate, scientists tell us that pure air has more oxygen than the human economy ever requires, while experience teaches us that inhalation of oxygen markedly benefits cyanosis in pneumonia and various heart troubles. We cannot explain why large doses of Fowler's solution are beneficial in chorea, while small doses are useless. The usefulness of arsenic in blood diseases is well known, but its action at best is only a surmise. The tonic action of arsenic on the heart is important but not capable of explanation. The therapeutical use of iron does not admit of a physiological explanation. Neither is the use of perchloride of iron in erysipelas and fevers from post-mortem wounds to be reconciled to the orthodox belief that iron increases febrile tendencies. The uniform good effects from lead are explained from a chemical standpoint. The fact that opium often allays abdominal pain when morphine fails, would indicate that the other alkaloids played a more important part than generally supposed. Digitalis is another drug where the crude form is to be preferred to the glucosides. Unyielding cases of dropsy are often relieved by a combination of digitalis, squill and blue pill. Potassium bromide is not liked by many because too small a dose is given to produce its effect. Cascara sagrada has fallen into evil repute, because it is not properly given.

Again, the clinical effects of gland extracts in myxœdema, skin diseases, and some mental defects mark a new era in therapeutics.

A truly great physician must use his individuality, diagnose his case, and inspire confidence in his patients.

Nephritis in Its Surgical Aspects.

Cincinnati Lancet-Clinic.

Keyes (*American Journal Medical Sciences*, June, 1894,) reaches the following conclusions after a thorough discussion of the above subject:

1. Healthy urine is sterile.

2. Purulent urine is always microbic.

3. Microbic infection takes place from within the body by a number of methods in the course of the disease; it is often brought about by instrumental maneuvers on the part of the surgeon.

4. A healthy organism and vigorous bladder may cope successfully with microbic invasion and rid itself spontaneously, or with a little aid, of all damage arising therefrom, showing little or even no inflammatory response.

5. A suitable condition of the patient's soil is essential to the propagation and perpetuation of inflammatory phenomena upon the urinary tract after microbic invasion.

6. This condition, intensified by traumatism and physical weakness, notably of the degenerative variety, is most intense when there is vesical distention with atony, and when the ureters are dilated and the kidneys involved in the changes incident to tension below—namely, atrophy and sclerosis above, with or without surface catarrh.

7. Under these circumstances surgical pyelo-nephritis is most likely to declare itself as a result of microbic infection from below (occasionally from above), in the course of suppurative disease or after operative interference.

8. Asepsis, antisepsis, and sterilization of urine are ends to be aimed at in genito-urinary surgery; but, like all other greatest goods, not yet attained in perfection. Much, however, can be done by local means in a prophylactic and curative way; little by internal medication, and possibly as much more than by any other means by flushing the urinary passages with natural mineral water.

The Danger of the Communion Cup.

The Medical Record.

We are pleased to know that the frequent discussion in these columns as to the danger of the communion cup in propagating disease is bearing fruit by transference to the columns of the daily press. The public is thus being educated to the necessities of the situation, and there is a reasonable hope that the claims of preventive medicine will be vindicated even against those whose faith in old forms have failed to listen to reason before.

The following telling experience detailed by Dr. Albert S. Ashmead in a recent letter to the *Sun*, points its own moral:

"The last time I knelt at the communion altar of the Episcopal Church there knelt at one side of me a patient whom I knew, as I was treating him at the time, to be a syphilitic; his mouth had mucous patches, which make the disease especially contagious. This person took the cup before it came to me. Of course, I let the cup pass.

"At another time the person next to me, but following me in the use of the cup, was also a patient of mine, in an advanced stage of tuberculosis. The mouth of this person was in a condition dangerous to his neighbor.

"Of course, no man who is not a complete survival of the Middle Ages can assert that, under these circumstances, a man (if he knew) should apply his lips to a probably dangerously contaminated cup, trusting in the protection of the Lord, who has allowed hundreds, a hundred times, to perish in burning or earth shaken churches, while they were in the very act of worshipping Him."

Verily, a little sermon in itself, and from a churchman and a physician, who views

both sides reverently for Christianity's sake, and candidly for the vindication of truth.

The *Sun*, with its usual vigor of diction and directness of aim, thus valiantly takes sides with science and facts as against tradition and prejudice:

"When a physician writes to a newspaper, as one wrote to the *Sun* the other day, that he refrained from drinking from the chalice at a recent celebration of the Eucharist in the Episcopal Church, because before him two patients of his had sipped from the cup, the one afflicted with an odious and the other with a destructive communicable disease, reasonable fears of the danger of the hallowed practice are excited even among the most devout of communicants; and such fears, thus justified, are quickly and widely diffused. Is it unlikely, then, is it not probable, that this alarm will become so extensive and so great that all churches whose doctrines require that both elements shall be administered to the whole body of communicants will be compelled to imitate the Rochester example, or adopt some other method devised for the same purpose, in order to save the communion in both kinds from perilous disease?"

The fact of danger is indisputable, and the conclusion for safety is irresistible. We are confident that it is only a question of time when, as the *Sun* says, all churches will be compelled to imitate the Rochester example. Contagion is no respecter of cups, men, or place, when the essential conditions of its propagation are present. The Christian will never yield up the cup; why should he object to its being clean and free from danger? Why one contaminated chalice against many safe ones?

Methods of Medical Study.

American Lancet.

Each individual who learns to study, develops a method peculiar to his personality, his condition and his aims. One of the most important objects of a general training is to enable the individual to ascertain the best methods, as well as objects of study. In this respect the methods of others are instructive.

Dr. Herman Knapp says that the following was Hermholtz's method. When he got a pamphlet he examined the title, the introduction, and so much of the first pages as was necessary to see what the author was aiming at. Then he laid the pamphlet aside, and worked out the problem stated by the author in his own way. When he had found the solution he compared it with the pamphlet to see if it corresponded or not. If it did not, he went over the pamphlet to see whether he or the writer was correct.

It is evident that this habit of study developed original thinking. Books and pamphlets were simply of use to Hermholtz as furnishing problems upon which he trained his own powers. Indeed, we are certain that the adoption of this habit would render more powerful, acute and accurate the thinking of any person. If it were applied to medical journal articles, we fear that often nothing would be found in the introduction.

Another habit of study practiced by most to a greater or less degree, is by an analysis of writers. For our purpose, writers of medical books and papers may be divided into three classes. The first class never say anything of value that has not been said far better hundreds of times before; the student makes a list of these, and passes without notice every book or article written by a name on this list. There is a second class, that sometimes say a good thing, and occasionally make a correct observation. If the student has plenty of time to gather out the wheat from the abundant chaff, he may read the books and papers of those on this list, but if his time is limited he would better avoid them. The third class includes those who never speak or write anything unless they have something to say, and who take such pains to prepare it that the reader easily collects the instruction.

A vast amount of valuable time is wasted in the endeavor to properly classify those who write and speak. Once classified, they are readily disposed of. Medical writers,

we suspect, forget to take into consideration the class into which their readers are likely to put them.

It is the world's misfortune that so many books, practically worse than worthless, come into existence yearly. A little care by each student in the direction indicated will materially assist him in "separating the wheat from the chaff."

Losophan in Dematology.

The following account of losophan occurs in the *International Medical Annual* of 1894: "This is said to be a tri-iodo-cresol. It contains 80 per cent. of iodine, is soluble in alcohol, and is readily taken up by fatty substances. Saalfeld has found it of especial value in parasitic affections of the skin, both vegetable and animal. In sixteen cases of tinea tonsurans of the face and body thirteen were cured and three much improved; and in three cases affecting the scalp, one was cured and the others much improved. In some cases of parasitic sycosis good effects were obtained, but when necessary, epilation was also had recourse to. It was not useful in scabies, but proved beneficial in some cases of prurigo, chronic eczema with infiltration, sycosis bulgaris, and acne vulgaris and rosacea. To this must be added that aside from its anti-parasitic and stimulant effects losophan has been found to exert a marked influence in allaying itching in diseases of the skin. Dr. Waugh especially has called attention to this valuable property of the drug, which was strikingly exhibited in two cases of pruritus ani and one of pruritus vulvæ which had resisted all other treatment. It should be borne in mind that in order to obtain the best results from losophan it must be thoroughly dissolved in oil and not simply mixed with fats, and that stronger solutions than 10 per cent. are rarely required.

THE Southeast Kansas Medical Society held the regular quarterly meeting in Cherokee, Kansas, Tuesday afternoon and evening. There was a good attendance of physicians from abroad, and a number of interesting papers were read, some of which created lively discussion. At the conclusion of the programme the visiting doctors were tendered a banquet by their Cherokee brethren. The society, which has a membership of about seventy, will hold the next meeting in Fort Scott, the first Tuesday in December.

Security Against Imposition.

This heading is suggested by and is particularly applicable to the new advertisement of the Antikamnia Chemical Company, which appears in this issue. Antikamnia, while not suffering anything like other standard preparations from substitution, has still found it in some few instances. To the end, therefore, that there may not be even the breath of suspicion against Antikamnia, as well as to give every doctor the fullest confidence, the company has gone to the expense of withdrawing all the old stock from the market and replacing it with new. In the new form the drug is identically the same chemically and medicinally as it always has been, but every tablet bears imprinted upon it a monogram. (See advertisement. Every package of powder or tablets is so wrapped and sealed, and resealed as to render counterfeiting impossible. The entire profession should insist upon the safeguards provided, and there can be no question but that this action will be regarded with great favor by them.

The latest edition "Antikamnia and Codeine" tablets, can be obtained direct, or from your druggist. Each tablet contains 4¾ gr. Antikamnia and ¼ gr. Codeine.

THE Kansas Medical College begins its fifth session September 18th. The enrollment for this session is already considerably in advance of previous years, and the prospect for a large class is excellent.